



UNIVERSITY OF ILORIN TEACHING HOSPITAL EMPLOYER/SPONSORING AGENT FORM

PART 'B' TO BE COMPLETED BY EMPLOYER/SPONSORING AGENT

NAME OF THE SPONSORING AGENT:

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a. This is to certify that to the best of my knowledge, the information(s) by the Candidate(s) above are correct.

b. I do recommend the candidate(s) as:-

i. Very suitable for C.H.O. Course

ii. Suitable for C.H.O. Course

iii. Unsuitable for the Course

c) I do confirm that my organization:-.....

.....

(Please indicate Name of Organization)

Is prepared to sponsor the candidates(s) if offered admission on the course and will pay the recommended amount to enable him /her do the course.

d) For how long has the applicant been in your employment:-.....

e) Nature of assignment of the applicant within the last two years:-.....

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f) Any other comments that will assist the admission committee in its decision about the application(s)

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g) Officer completing part (B) of application Form:-

(i) Full Name of Officer Completing this part (B).....

(ii) Address:-.....

(iii) Official position of the Officer:.....

(iv) Signature:..... Date.....